

V. S. No. 2
 100M-5-43
 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32313

FILED OCT 23 1944

State File No.

8740

Registration District No. 318 Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town city of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3946 Bowen Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ /
(Specify whether)
 In this community life
years, months or days

3. (a) PRINT FULL NAME Bertha Gerritzen
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Frederick T. Gerritzen
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: January 10 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>9</u>	<u>1</u>	hr. _____ min.

9. Birthplace St. Louis 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER

12. Name Frank Bracht
 13. Birthplace 4 Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Mumbeck
 15. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Frederick A. Gerritzen
 (b) Address 3946 Bowen Street

17. (a) burial (b) Date thereof 10-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Old SS Peter & Paul

18. (a) Signature of funeral director Southern Funeral Home
 (b) Address 6322 South Grand Blvd.

19. (a) OCT 1 (b) J. F. Brueck
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town City of St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3946 Bowen Street
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11th
 year 1944 hour 10:30 minute _____ a.m.
 21. I hereby certify that I attended the deceased from Feb. 3 1944 to Oct. 11 1944
 that I last saw her alive on September 19, 1944,
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the uterus Duration 2 yr
 Due to _____
 Due to _____
 Other conditions H8
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (e) Means of injury 0
 23. Signature J. F. Brueck (M. D. or other)
 Address 439 Bates St. 11 Date signed 10-12-44

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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17
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8740
0728

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Virgil L. Berryman
Licensed Embalmer No. 74018
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.